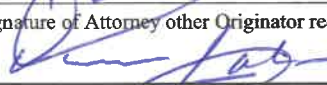


PLAINTIFF Timothy Gales		COURT CASE NUMBER 2:21-CV-338	
DEFENDANT Thomas Charles et al		TYPE OF PROCESS CIVIL	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DAVID W. STANTON			
SERVE AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5600 Harrison Avenue Cincinnati, OH 45248			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Timothy Gales 710 Glenclower Avenue Columbus, OH 43207		Number of process to be served with this Form 285 1	
		Number of parties to be served in this case 11	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 513-941-9016 - 502-292-0616 30 minutes MAY BE SERVED at FRATERNAL ORDER of POLICE: 222 Town St, Cn, OH			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 614-376-9346
DATE 2022 OCT 13			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 61	District to Serve No. 61
Signature of Authorized USMS Deputy or Clerk Julie Foster		Date 8/29/22	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 9/7/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy Julie Foster	
Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

Service Made by cert. mail

FILED
RICHARD W. MAGEL
CLERK OF COURT
2022 OCT 13 PM 3:21
U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST. DIV. COLUMBUS

7021 0350 0001 8412 0994

U.S. Postal Service™

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stanton
0328

9590 9402 6750 1074 4059 35

2. Article Number (Transfer from service label)

7021 0350 0001 8412 0994

PS Form 3811, July 2020 PSN 7530-02-000-9050

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

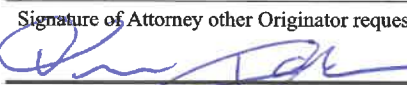
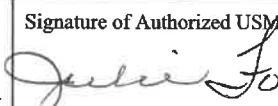
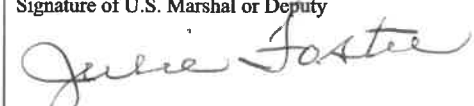
7/7

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

PLAINTIFF Timothy Gales		COURT CASE NUMBER 2-21-CV 328	
DEFENDANT Thomas Charles et al,		TYPE OF PROCESS CIVIL	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JAMES HOGAN: OHIO PUBLIC SAFETY			
SERVE AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1970 WEST BROAD STREET COLUMBUS, OHIO 43223			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Timothy Gales 710 CLEVELAND AVENUE COLUMBUS, OHIO 43207		Number of process to be served with this Form 285 1	
		Number of parties to be served in this case 11	
		Check for service on U.S.A. 30	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 614-644-2415 or 644-2413 Mail Bz served at 1970 WEST BROAD-DEPT OF Public Safety			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 614-376-9346
DATE 9/12/22			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 61	District to Serve No. 61
Signature of Authorized USMS Deputy or Clerk 			
Date 9/12/22			
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 9/12/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

Service Made by cert. Mail

FILED
RICHARD W. MAGUIRE
CLERK OF COURT
2022 OCT 13 PM 3:21
U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST. DIV. COLUMBUS

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
Street and Apt. No., or PO Box No. *Hogan 0328*
City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail piece, or on the front if space permits.

1. Article Addressed to:
Hogan 0328

2. Article Number (Transfer from service label)
7021 0350 0001 8412 0970

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ *[Signature]*
☐ Agent
☐ Addressee

C. Date of Delivery
 SEP 12 2022

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail (over \$500)
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

43216

Domestic Return Receipt

PLAINTIFF <i>Timothy Gales</i>	COURT CASE NUMBER <i>2-211 CV-328</i>
DEFENDANT <i>Thomas Charles et al,</i>	TYPE OF PROCESS <i>CIVIL</i>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Gwen Callender; Fraternal Order of Police</i>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>222 Town Street Columbus OHIO 43215</i>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <i>TIMOTHY GALES</i> <i>710 Glenview AVENUE</i> <i>COLUMBUS OH, 43207</i>	
Number of process to be served with this Form 285 <i>1</i>	
Number of parties to be served in this case <i>11</i>	
Check for service on U.S.A. <i>30 MIN</i>	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): <i>614-224-5700</i> <i>222 Town</i> <i>CAN BE SERVED at FRATERNAL ORDER OF POLICE CO, OH 43215</i>	
Signature of Attorney other Originator requesting service on behalf of: <i>[Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT
TELEPHONE NUMBER <i>614-376-9346</i>	DATE <i>8/29/22</i>

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>61</i>	District to Serve No. <i>61</i>	Signature of Authorized USMS Deputy or Clerk <i>Julie Foster</i>	Date <i>8/29/22</i>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date <i>9/9/22</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy <i>Julie Foster</i>	
Service Fee <i>8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>8.00</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS

Service made by cert. mail

FILED
RECORDED
CLERK OF COURT
2022 OCT 13 PM 3:21
U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST. DIV. COLUMBUS

7021 0350 0001 8412 0949

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.**OFFICIAL USE**

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Callender
0328



9590 9402 6750 1074 4062 53

2. Article Number (Transfer from service label)

7021 0350 0001 8412 0949

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. 19

C. Date of Delivery

9/9/22

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail
☐ Registered Mail Restricted Delivery
 (over \$500)
☐ Priority Mail Express®☒ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

PLAINTIFF TIMOTHY GALES		COURT CASE NUMBER 2-1-21 CV 238	
DEFENDANT THOMAS & CHARLES et al		TYPE OF PROCESS CIVIL	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN PAUL PRIDE			
SERVE AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 10075 SNYDER Church Rd, Baltimore, OH 43105			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW TIMOTHY GALES 710 GLENDOWER AVENUE COLUMBUS, OHIO 43207		Number of process to be served with this Form 285 1 Number of parties to be served in this case 11 Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 614-644-2415 APR 30 MINUTES TO SERVE MAY BE SERVED at Ohio Public Safety 1970 W. Broad Col, OH 43223			
Signature of Attorney other Originator requesting service on behalf of: [Signature]		PLAINTIFF <input checked="" type="checkbox"/> TELEPHONE NUMBER 614-376-9346	DATE 8/21/22
DEFENDANT <input type="checkbox"/>			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 61	District to Serve No. 61
Signature of Authorized USMS Deputy or Clerk Julie Foster		Date 8/29/22	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 9/21/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy Julie Foster	
Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

Service made by cert. mail

FILED
RICHARD W. MAGEL
CLERK OF COURT
2022 OCT 13 PM 3:21
U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST DIV. COLUMBUS

7021 0350 0001 8412 1045

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com™.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$☐ Return Receipt (electronic) \$☐ Certified Mail Restricted Delivery \$☐ Adult Signature Required \$☐ Adult Signature Restricted Delivery \$

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Postmark
Here

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Pride
0328

9590 9402 6750 1074 4059 11

2. Article Number (Transfer from service label)

7021 0350 0001 8412 1045

PS Form 3800, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

☒ Agent
☐ Addressee

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☒ Insured Mail☐ Mail Restricted Delivery

(00)

☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☒ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

TO PLAINTIFF TO DEFENDANT ^(S) Timothy Gales		COURT CASE NUMBER 2-21-CV 328	
DEFENDANT Thomas Charles et al		TYPE OF PROCESS CIVIL	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN FRATERNAL ORDER OF POLICE		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 222 TOWN STREET, COLUMBUS OH 43215		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Timothy Gales 710 Glendower Ave Columbus OH, 43207		Number of process to be served with this Form 285 1	
		Number of parties to be served in this case 1	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 644-227-5400 30 MIN 222 TOWN STREET: OUTLY BROOKLYN 2021			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 614-376-9346
		DATE	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 61	District to Serve No. 61
Signature of Authorized USMS Deputy or Clerk Julie Foster		Date 8/29/22	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 9/9/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy Julie Foster	
Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

Service made by cert mail

FILED
CLERK OF COURT
2022 OCT 13 PM 3:21
U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST. DIV. COLUMBUS

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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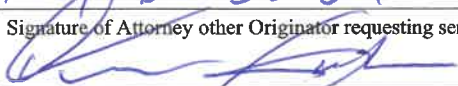
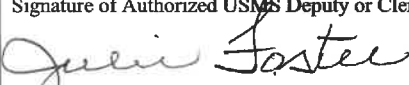
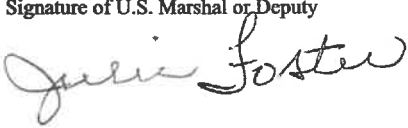
OFFICIAL USE

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To F.O.P.	
Street and Apt. No., or PO Box No. 0328	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: F.O.P. 0328</p>	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (00)</p> <p><input type="checkbox"/> Priority Mail Express® <input checked="" type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7021 0350 0001 8412 0925</p>	

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

PLAINTIFF Timothy Gales		COURT CASE NUMBER 2:21-cv 328	
DEFENDANT Thomas Charles et al		TYPE OF PROCESS CIVIL	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Cathy Brockman: Fraternal Order of Police		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 222 TOWN STREET Columbus, OHIO 43215		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW TIMOTHY GALES 710 GLENDOWEN AVENUE COLUMBUS OHIO 43207		Number of process to be served with this Form 285 1	
		Number of parties to be served in this case 11	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 614-224-5700 30 MINUTE May BE SERVED at FRATERNAL ORDER OF POLICE 222 TOWN ST COLUMBUS, OH			
Signature of Attorney other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 614-376-9346
DATE 8/29/22			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 61	District to Serve No. 61
Signature of Authorized USMS Deputy or Clerk 		Date 8/29/22	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 9/9/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

Service made by cut mail

FILED
RICHARD W. NASEL
CLERK OF COURT
2022 OCT 13 PM 3:21
U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST. DIV. COLUMBUS

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CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent To
BROCKMAN
 Street and Apt. No., or PO Box No. 0328
 City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail piece, or on the front if space permits.

1. Article Addressed to:
BROCKMAN
0328

2. Article Number (Transfer from service label)
7021 0350 0001 8412 0932

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☒ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Mail Restricted Delivery (D)

4. Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☒ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee
DM Shwa

B. Received by (Printed Name)
DM Shwa

C. Date of Delivery
09/09/22

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

RECEIVED
 SEP 9 2022
 10:21 AM
 USPS
 BROCKMAN
 0328

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

PLAINTIFF <i>Timothy Gales</i>	COURT CASE NUMBER <i>2-21-CV-328</i>
DEFENDANT <i>Thomas Charles et al</i>	TYPE OF PROCESS <i>CIVIL</i>

SERVE
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

*John Borne Ohio Department of Public Safety
1970 WEST BROAD ST. Columbus, OH 43223*

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

May served on the Ohio Department of Public Safety 614-644-2415 1970 W. BROAD 30 MINUTES

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

614-376-9346

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>61</i>	District to Serve No. <i>61</i>	Signature of Authorized USMS Deputy or Clerk <i>Julie Foster</i>	Date <i>8/29/22</i>
--	---------------------------	-------------------------------------	------------------------------------	---	------------------------

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Date

Time

☐ am

☐ pm

Signature of U.S. Marshal or Deputy

Address (complete only different than shown above)

Service Fee <i>8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>8.00</i>	Advance Deposits	Amount owed to U.S. Marshal or (Amount of Refund)
----------------------------	---	----------------	------------------------------	------------------	---

REMARKS

Service made by cert. mail

FILED
RICHARD W. MAGEL
CLERK OF COURT
U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
1970 W. BROAD ST. CIV. COLUMBUS
2022 OCT 13 PM 3:21

7021 0350 0001 8412 1052

U.S. Postal Service

CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
- ☐ Return Receipt (electronic) \$
- ☐ Certified Mail Restricted Delivery \$
- ☐ Adult Signature Required \$
- ☐ Adult Signature Restricted Delivery \$

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mail piece, or on the front if space permits.

1. Article Addressed to:



9590 9402 6750 1074 4059 04

2. Article Number (Transfer from service label)

7021 0350 0001 8412 1052

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *William Rhoda*

- ☐ Agent
- ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No



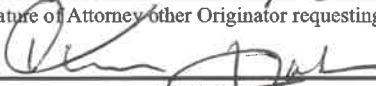
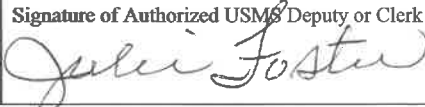
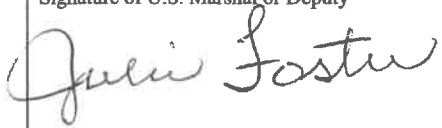
3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☒ Insured Mail
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery (00)

Domestic Return Receipt

U.S. Department of Justice
United States Marshals ServicePROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Timothy Gales		COURT CASE NUMBER 2-21-CV-328	
DEFENDANT Thomas Charles et al,		TYPE OF PROCESS CIVIL	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DOUGLAS BETHRINGET			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2265 SONNINGTON DRIVE Dublin, Ohio 43016			
SERVE AT		SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Timothy Gales 710 GLENDOWER AVENUE COLUMBUS, OHIO 4		Number of process to be served with this Form 285 1	
		Number of parties to be served in this case 11	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Summons May Bz served at 222 TOWN STREET Col, OH, 43215 FRATERNAL OF POLICE - 614 30 MINUTE 614-424-5700			
Signature of Attorney/other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 614-376-9346
DATE 8/29/22			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 61	District to Serve No. 61 Signature of Authorized USM Deputy or Clerk 
Date 8/29/22			
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 9/10/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy 	
Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

Service made by cert mail

 FILED
 RICHARD W. MAGEL
 CLERK OF COURT
 2022 OCT 13 PM 3:21
 U.S. DISTRICT COURT
 SOUTHERN DIST. OHIO
 EAST. DIV. COLUMBUS

7021 0350 0001 8412 1038

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$ _____
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postmark
Here

Postage

\$

Total Postage and Fees

\$

Sent To

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Behringer
0328

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

Tracking Number:

Remove X

70210350000184121038

Copy

Add to Informed Delivery

(<https://informedelivery.usps.com/>)

Latest Update

Your item was delivered to an individual at the address at 5:06 pm on September 10, 2022 in DUBLIN, OH 43016.

Delivered

Delivered, Left with Individual

DUBLIN, OH 43016

September 10, 2022, 5:06 pm

See All Tracking History

Feedback

- Text & Email Updates
- USPS Tracking Plus®
- Product Information
- See Less ^

Track Another Package

Enter tracking or barcode numbers

PLAINTIFF Timothy Gales		COURT CASE NUMBER 2:21-LV-328	
DEFENDANT Thomas Charles et al		TYPE OF PROCESS CIVIL	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Thomas P. Charles			
SERVE AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 5061 Northbank Road, Buckeye Lake OH, 43008			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Timothy Gales 710 Glendower Avenue Columbus, Ohio 43207		Number of process to be served with this Form 285 1	
		Number of parties to be served in this case 11	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): 614-644-2415 10:30 MINUTE SERVE at 1970 WEST BROAD - PUBLIC SAFETY			
Signature of Attorney other Originator requesting service on behalf of: [Signature]		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 614-376-9346
DATE 8/29/22			
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 61	District to Serve No. 61
Signature of Authorized USMS Deputy or Clerk Julie Foster		Date 8/29/22	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)			
Name and title of individual served (if not shown above)		Date 9/1/22	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy Julie Foster	
Service Fee 8.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 8.00
Advance Deposits		Amount owed to U.S. Marshal* or (Amount of Refund*)	

REMARKS

Service made by cert. mail

FILED
RICHARD W. MAGOL
CLERK OF COURT
2022 OCT 13 PM 3:20
U.S. DISTRICT COURT
SOUTHERN DIST. OHIO
EAST DIV. COLUMBUS

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

7021 0350 0001 8412 0956

Certified Mail Fee \$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy) \$	
<input type="checkbox"/> Return Receipt (electronic) \$	
<input type="checkbox"/> Certified Mail Restricted Delivery \$	
<input type="checkbox"/> Adult Signature Required \$	
<input type="checkbox"/> Adult Signature Restricted Delivery \$	
Postage \$	
Total Postage and Fees \$	
Sent To <i>Charles</i> <i>0328</i>	
Street and Apt. No., or PO Box No.	
City, State, ZIP+4®	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Thomas P. Charles</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>THOMAS P. CHARLES</i></p> <p>C. Date of Delivery <i>9/7/12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to: <i>Charles</i> <i>0328</i></p>																	
<p>2. Article Number (Transfer from service label) 7021 0350 0001 8412 0956</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mail Restricted Delivery (00)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Mail Restricted Delivery (00)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™																
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																
<input type="checkbox"/> Collect on Delivery Restricted Delivery																	
<input type="checkbox"/> Insured Mail																	
<input type="checkbox"/> Mail Restricted Delivery (00)																	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt